



**Senate Public Health and Welfare Committee
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Controlled Substances Dispension Policy in Medicaid

Overview of Current Practice

- Several schedule II-IV narcotics have upper dosage limits and beneficiaries are required to obtain a prior authorization to exceed that dosage.
- Short-acting opioids were presented to the 1/12/10 Drug Utilization Review Board for approval to add them to the other narcotics requiring prior authorization to exceed the set dosage limit.
- DUR Board reviews narcotic utilization and prescribing trends twice a year. For the latest DUR review six months narcotic utilization data was examined using the American Journal of Pain's guidelines for maximum dosage limits and Kansas Medicaid claims exceeding that threshold were less than \$50,000.
- The Surveillance and Utilization Review/Fraud and Abuse (SURS/FADS) unit generate quarterly reports monitoring beneficiary use of controlled substances and identifies outliers. Those beneficiaries falling outside of the established norms are evaluated for the lock-in program which requires them to receive services from a single provider (physician, pharmacy, emergency room). In addition potential abuse situations can be reported by providers and outside parties. Currently 362 active beneficiaries are in the lock-in program and an additional 285 continue to be monitored even though they currently are not Medicaid eligible.
- Utilization review nurses issue quarterly reports on prescribing and dispensing practices of providers. Providers suspected of inappropriate prescribing and dispensing of controlled substances are referred to the Peer Education Resource Committee for education and counseling and potentially to the licensing board.

Other States Policy Approaches

- Most states employ policies similar to Kansas, including point of sale edits, dosage limitations, prior-authorization of controlled substances above the recommended dosing level, and lock-in programs

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- Over 30 states have implemented a Prescription Drug Monitoring Program to improve capacity in detecting and deterring drug diversion. These programs use information from prescriptions for select drugs to evaluate physician prescribing patterns, pharmacist dispensing patterns, and patient purchasing habits. Kansas has enacted legislation to establish a PDMP, but it has not been implemented as yet.

KHPA Future Policy Direction

- Implementation of fully automated prior authorization system will allow Medicaid to better monitor, control, and limit the use of controlled substances at the point of sale.
- Kansas Prescription Drug Monitoring Program which is grant funded is aimed at finding mechanisms to prevent fraud, abuse, and diversion of controlled substances.
- KHPA is developing a new point of sale edit to reinforce current dosage limitations on use of large quantities of OxyContin and other controlled substances.
- Continued drug education for health care professionals